

**VIRGINIA STATE MILK COMMISSION
MONTHLY REPORT OF RECEIPTS AND UTILIZATION**

*This copy must be in the office of the
State Milk Commission on the 7th of each month.*

Licensee: _____ Report Month/Year: _____

Address: _____ License No.: _____

-RECEIPTS-

**SCHEDULE 1 - PRODUCER MILK
(from SMC-6)**

Cooperative	Assigned Base Pounds	Product Pounds	Test	Fat Pounds	Line Number
					1
					2
					3
					4
					5
Total Base (Lines 1 - 4)					5

**SCHEDULE 2 - RECEIPTS FROM OTHER PROCESSING DISTRIBUTORS LICENSED BY SMC
Exclude Producer-Distributors**

TOTAL CLASS I TRANSFERS RECEIVED (ATTACH SCHEDULE 7-2A)	Product Pounds	Test	Fat Pounds	Line
-Class I Transfers-				
				6
-Class I-A Transfers-				
TOTAL CLASS I-A TRANSFERS RECEIVED:				7
-Class II Transfers-				
TOTAL CLASS II TRANSFERS RECEIVED:				8
TOTAL TRANSFERS IN (Lines 6, 7, 8)				
				9

**SCHEDULE 3 - RECEIPTS-OTHER SOURCES & PROCESSING DISTRIBUTORS NOT LICENSED BY SMC
Include Producer-Distributors & Reconstituted Products**

Name & Location of Plant	Type of Product	Pounds	Conversion Factor	Product Pounds	Test	Fat Pounds	Line
							10
							11
							12
							13
							14
							15
Total (Lines 10 - 15)							16

**SCHEDULE 4 - INVENTORY
(from SMC7-B)**

Beginning Inventory Fluid Milk Products:				17
TOTAL TO ACCOUNT FOR (Lines 5, 9, 16, 17)				18

I certify that this information is true and accurate to the best of my knowledge and belief.

Prepared by: _____ Date: _____

Approved by: _____ Date: _____